

FEDERAL EMERGENCY MANAGEMENT AGENCY RENTED EQUIPMENT SUMMARY RECORD					Page _____ of _____			
1. APPLICANT		2. PA ID		3. PW #		4. DISASTER NUMBER		
5. LOCATION/SITE				6. CATEGORY		7. PERIOD COVERING to		
8. DESCRIPTION OF WORK PERFORMED								
TYPE OF EQUIPMENT Indicate size, capacity, horsepower, make and model as appropriate	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
GRAND TOTAL								
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED				TITLE			DATE	